SEP 2 9 2005 W

TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	42390P9765X2			
METHOD OF PAYMENT (check all that apply)						
Check Credit card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
☑ Charge fee(s) indicated below						
Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments						
under 37 CFR §§ 1.16, 1.17, 1		orealt uny ove	or payments			
FEE CALCULATION						
1. EXTRA CLAIM FEES Extra Claims	Fee from Fee Paid					
Total Claims 35 38* = 0 x	50.00 = \$0.00					
Independent Claims -6 -6 - 6 - 0 x	200.00 = \$0.00					
Multiple Dependent	= 00.00					
Large Entity Small Entity						
Fee Fee Fee Fee Description						
Code (\$) Code (\$)	400					
1202 50 2202 25 Claims in excess o 1201 200 2201 100 Independent claims						
1203 360 2203 180 Multiple Dependen	nt claim, if not paid					
	dent claims over original patent n excess of 20 and over original pate	ent **or number ;	previously paid, if greater, For Reissues, see below			
SUBTOTAL (1)	(\$) 0.00					
2. ADDITIONAL FEES Large Entity Small Entity						
Fee Fee Fee Fee						
	Fee Description		Fee Paid			
	e filing fee or oath					
	provisional filing fee or cover sheet.					
2053 130 2053 130 Non-English spe 1251 120 2251 60 Extension for re	ecification ply within first month					
	ply within second month					
	ply within third month					
·	ply within fourth month ply within fifth month					
1401 500 2401 250 Notice of Appea	al					
1402 500 2402 250 Filing a brief in s 1403 1,000 2403 500 Request for oral	support of an appeal					
	rriearing ute a public use proceeding		<u> </u>			
1460 130 2460 130 Petitions to the	Commissioner					
	under 37 CFR 1.17(q) nformation Disclosure Stmt					
	ion after final rejection (37 CFR § 1.	129(a))				
1810 790 2810 395 For each addition	nal invention to be examined (37 CF	R § 1.129(b))				
Other fee (specify)						
	SUBTOTAL (2)		(\$)			

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature	(While the			Date	09/27/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Solvolof, Taylor & Zafman (wlr) 12/15/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

TIP	Our D	ocket No: 042390.P9765X2			
SEP 297	2005	IN THE UNITED STATES PA	ΓΕΝΤ	AND TRADE	MARK OFFICE
PARADEN TRADES	Inche A	Application of:)		
TABLE		Anderson et al.)	Examiner:	Jaroenchonwanit, Bunjob
	Applic	cation No: 10/039,960)	Art Unit:	2143
	Filed:	December 31, 2001)		
	For:	Method and Apparatus for Message Escalation by Digital Assistants))		

AMENDMENT

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 27, 2005, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

September	er 27, 2005	
Date of	f Deposit	
Leah S	chwenke	
Name of Person Ma	ailing Correspondence	
Teah & Church	9/27/05	
Signature	Date	
Date of Leah S Name of Person Ma Name of Person Ma	f Deposit Ichwenke Sailing Correspondence 9/27/05	